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Form CPF M 102: Campaign Finance Report Municipal Form

Pin Election Dept

Office of Campaign and Political Finance

Ellis P. d. P. L.	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	1/2 21 Ending Date: 9/9/24
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding elec	tion 30 day after election year-end report dissolution
Christopher Paul Coute Candidate Full Name (if applicable) City Council Office Sought and District 108 Field ST. Taunton M Residential Address E-mail: Chris Christopherstonerg Com Phone # (optional):	Committee To Elect Christopher f. Coor Committee Name Jeanne Jackson Name of Committee Treasurer 108 Field ST Tourton, MA Committee Mailing Address E-mail: G-JJacksone hotmail.com Phone # (optional):
SUMMARY BAL	ANCE INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, lin	
Line 3: Subtotal (line 1 plus line 2)	19,540.77
Line 4: Total expenditures this period (page	5, line 14) # 16, 106.83
Line 5: Ending Balance (line 3 minus line 4)	12,733.19
Line 6: Total in-kind contributions this period	
Line 7: Total (all) outstanding liabilities (pag	
Line 8: Name of bank(s) used: Bristol	County Jaumgs Bank
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the lectivity, including all contributions, loans, receipts, expenditures, disbursements, in mance activity of all persons acting under the authority or on behalf of this commits and the penalties of perjury:	the best of my knowledge and belief, a true and complete statement of all campaign finance relations and liabilities for this reporting period and represents the campaign true in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 9977
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (chec	(Transmer's signature)
Candidate with Committee Letrify that I have examined this report including attached schedules and it is, activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this report including attached selected when the committee I certify that I have examined this report including attached selected when the committee I certify that I have examined this report including attached selected when the committee I certify that I have examined this report including attached selected when the committee I certify that I have examined this report including attached selected when I certify that I have examined this report including attached selected when I certify that I have examined the committee I certify that I have examined this report including attached schedules and it is, activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this report including attached schedules and it is, activity, of all persons acting under the authority or on behalf of this committee.	to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, orting period that are not otherwise disclosed in this report.
igned under the penalties of perjury:	Date: 017,171
	(Candidate's signature)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)	
5/10/21 AMARO, AL		\$100.00		
5/10/21	AMARO, ANDV/Leah 889, middle Berro ave Elaunton, MA 02718	#150.00		
5/10/21	Barbour, Jacques 9 GreysTone Que Tounton, MA 02780	\$ 150.00		
5/10/21	Berube, wayne 88 Dean ST. Fauntm, MB 02780	\$100,00		
5/20/21	Borges, LYNN 73 POINT ST BERKIEY, 1114 02779	250.00	Borges Auto Sales	
5/10/21	Braga, Paulo 179 Dexter Forms Al- Jounton, MA 02780	\$ 100.00		
7/10/21	Committee To Elect Tom Hoy 133 ELD ridge ST. Tountow, MA 02780	#100.00		
1/10/21	Correira, Edward 156 Field ST Taunton, MA 02780	£250.00	City of Taunton	
5/10/21	Correira John 123 Broadway Tan DTON, MA 02720	\$ 25000	Real Estate	
130/21	Coute Christopher 108 Field ST Tounton, MA 02780	\$8,000.00	LOAN	
110/21	Collen, Peter P.O-BOX 604 Taunton, MA	A500-00	Auto Sales	
110/21	Johnson, Karen/Achard 9 Oyster HIV DR. Sandwich, MA 02563	\$ 200.00	consulting	
e 9: Total Receip	ts over \$50 (or listed above)	1750.00	+ 1,800 (pq.3)	
e 10: Total Receip	ots \$50 and under* (not listed above)	\$340.00		
	eceipts of \$50 and under, include them in line	#/9,290,00	Enter on page 1, line 2 include only those receipts not itemized above.	

nd under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Nome and Paris and Paris (Continued)						
Date Received	Name and Residential Address (alphabetical listing required) Am		Occupation & Employer (for contributions of \$200 or more)			
5/10/21	Copes, Michael 22 Harrison 9. Tourton, MA 02780	\$250.00	Landscaping			
5/10/21	McCaul, John 2 Common wealth Que- tounton, MA 02750	\$100.00				
5/10/21	Nastawi, Sandra 30 ciarks Cove Rd. 5- Dart Mouth, MA 02748	\$ 200-00	UnKnown			
5/10/21	Nessralla, Jr, Philip 36 Rock Meadow DR. Brock Ton, MA 02301	H 200-00	Attorney at Law			
5/10/21	NorTe, Diane/Joseph 45 Village Circk Taunten, MA 02780	\$100.00				
5/10/21	Pacheco, Celeste/Lewis 7 Saints way perkley, MA 02779	\$ 100.00				
5/10/21	Quintal, Lawrence 80 Broadway Tounten, Mt)	9350.00	Funeral Director			
5/11/21	Silva, Manuel 174 Déan ST, UNITA Janatan, MA 62780	500.00	Real Estate Sales			
Line 9: Total Receip	ots over \$50 (or listed above)	1800.00				
Line 10: Total Recei	pts \$50 and under* (not listed above)					
	ECEIPTS IN THE PERIOD	1,800.00	← Enter on page 1, line 2			
If you have itemized i	receipts of \$50 and under, include them in line	Q Line 10 should	include as but here			

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)

	Denditures. Please include your committee name and a page number on each page.) To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	A	
	High Sail STrategies			Amount	
6/2/21	High Sail Strategies	60 Femchifferd	Consulting FEE	600.00	
	Seekonk MA 6277		Facebook Alvertsener	600,00	
6/21/21	High Sail Strategies	60 Fern Cliffe Rd	Consulting For	41	
1011001	might san shareges	Seck onk, MA 02771	Facebook ADV.	\$550,00	
7/16/21	High Sail Strategies	60 Fern di Ffe R	Consulting the	#	
		Seckonk, MA OMI	Facebook Ads	\$50.00	
7/10/21	High Sail CT logge	60 Fem cliffe Rd	Mustom Website	ii ii	
1/10/21	11 11 seri situregies	SECKONK, MADZIA	Design	650-00	
.()		60 Fernelitte Rd			
8/18/21	High Sail Strategies	Seekonk, MA	ConsulTing Fee	#	
			Facebook Posting	500.00	
8/11/21	High Sail Strategres	60 Ferneli FFE Al	18x24 Sign	li li	
0/11/2.	11111 341 31141 913	See Kont, MA	Chloropiast Full Blead	3,594.00	
11	1				
9/9/21	High Sail Strategies	KORVONN MA	Consulting Fee	25300	
		EXCHOUR , 11)11		No	
9/8/21	Home Plate Taunton	1094 Bay ST	Food order/	rd	
11921	Taumor	launton, MA	Fund raiser	206.06	
1/2/21	16 + 11	16 Trescott ST	Food		
6/2/21	Liberty & Union	Town for, MA	Fund raiser	#200 00	
	and Beal III			un n	
5/1/21	ma Replublican	400 W. Commings Par. STE 56.50 Wasorn MA 01801	* Coordinated Mailing	\$ 500 Om	
71101		WODUTN MA 01801	7.100177.10	2054.97	
8/18/21	MA Republican	400 W Commings Park	Coordinated	1	
11/01	Party	wohum ma	mailing	3696.22	
1 1		1160 10 Canan 11 - A		7 - 2 5 5	
9/8/21	MA Republican	460 Le Commings For	Loord inated	4	
	# 100 / 00 m	11111	Mailing	2095.58	
	+ "800 (pq. 5)	Line 12: Total Expenditures over	r \$50 (or listed above)	15,306.83	
	1	Line 13: Total Expenditures \$50	and under* (not listed above)		
·		Line 14: TOTAL EXPENDITU		16,106.83	
you nave item	ized expenditures of \$50 and under, i	include them in line 12 Line 12 ale	14 : 1 1 1 1	7	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)

The 21 P.A.C.C. Short St. Hall restal Sao. ri		To Whom Paid Continued)					
Platinum C+9 Donation B soor a B soo	Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
Platinum C+9 Donation B soor a B soo	7/9/21	P.A.C.C.	Tounton, MA 02780	Hall Rental Fundraiser	300.00		
Line 12: Expenditures \$50 and under* (not listed above) Line 13: Expenditures \$50 and under* (not listed above)	6/21/21	Platinum CHI Gamine					
Line 13: Expenditures \$50 and under* (not listed above)							
Line 13: Expenditures \$50 and under* (not listed above)							
Line 13: Expenditures \$50 and under* (not listed above)							
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Line 13: Expenditures \$50 and under* (not listed above)							
Line 13: Expenditures \$50 and under* (not listed above)							
Line 13: Expenditures \$50 and under* (not listed above)							
Line 13: Expenditures \$50 and under* (not listed above)			. 10.5				
Enter on page 1 line 4 > Line 14: TOTAL EXPLANATION					800.00		
TO THE PARTY OF TH					# 900-00		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

ate Received	From Whom Received*	Residential Address	Description of Contribution	Value
4		Line 15: In-Kind Contributions	over \$50 (or listed above)	
Line 16: In-Kind Contributions \$50 & under (not listed above)				
		Tring Continuous 5	o & under (not listed above)	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	OING LIABILITIES (ALL)	